IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 150350 PIN# 4750812124

OWNER OR APPLICANT ADAMS HOMES LLC. DATE 5-20-08

ADDRESS 266 Ervin Rd Mooresville NC 28117 PHONE: Business _____ Home _____

LOCATION 115 TR Shepherds Rd, TL Houston, TL Colonial Congress TL Mill Plantation on L

SUBDIVISION Georgia Mills BLOCK / SECTION _____ LOT 37 LOT AREA .96 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB X25 Date 4-3-10

Pump Tank: 1000 Gallons: PT 302 Date 1-18-10

Pump Make: Zoeller Model N152 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 540' Linear Feet 270'

No Lines 3 @ 90' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth — ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: LPPPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Use 8' on center for trenches / Put wells as shown because of set backs

Comments/Conditions: 5/27/10 Sim Tech Filter installed / 5/29/10 Checked tanks, lines & 2 ft pressure set.

INITIAL SITE SKETCH

SEE PLAN FROM SAME

AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 5/27/08 Installed by: Rowan Septic

Improvement Permit by: _____ date 5-20-08 Operation Permit by: _____ date 6-29-10

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK